ation Washington HOSPITAL OR STREET (If rural give location) clearl INSTITUTION OR inform **ADDRESS** STREET ADDRESS Veterans Administration Hospital 1017 M Street, N.W. 3. NAME OF 4. DATE (Month) (Year) DECEASED: (Type or Print) DEATH: December 19 6. COLOR OR | 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR | IF UNDER 24 HRE RACE: of Days Months | Hours | Negro causes OA. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS work done during most of working life, OR INDUSTRY: 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY? even if retired): Cook Restaurant Virginia USA Supply the 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Caroll Allen Lois Allen Wade te 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY ND. Wri (Yes. no, or unk.) (If Yes, give war or dates of service) WM II Hospital Records, VAH, Perry Point, Md. se ea 18. MEDICAL CERTIFICATION DING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d ONSET AND DEATH Bronchopneumonia, bilateral, unresolved 3 to 4 days AMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) Carcinoma esophagus with metastasis to unknown DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE DUE TO regional lymph nodes and bone STATING UNDERLYING CAUSE LAST. (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PLAIN 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 Esophagoscopy with biopsy of esophagus. NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) 6 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? Not while While OF INJURY at work at work

0 PE ΤY

S

SIGNATURE W

23. BURIAL, CREMATION.

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

Removal

REGISTRAR

carefully.

legibly

COUNTY

TOWN

A15 où

22. I hereby certify that deather deceased from 10-5, 1955, to 12-19 ..., 1955, Max Processed

NAME OF CEMETERY OR CREMATORY

W. OPPLER, Director, Professional Services M. D. VAH. Perry Point, Md.

DATE THEREOF

REGISTRAR'S SIGNATURE

12-20-55

Arlington National Arlington, Va. 24 FUNERAL DIRECTOR

D. C.

Pennington & Son Havre de Grace, Md.

LOCATION (City, town, or county)

DATE SIGNED

(State)

Reg. Dist. No. 96

COUNTY



matheway to year to gate to commented

Louis de la constante de la co

- 53	
- 10	
A15 -	
VS.	

e	MARYLAND STATE DEPARTMENT OF HE	ALTH—BALTIMORE, 18 11832	
y. The	11852 CERTIFICATE OF D	DEATH Reg. Dist. No. 74	
oly.	1. PLACE OF DEATH: 2. USUAL	RESIDENCE (HOME) OF DECEASED:	
careful' legibly.	COUNTY CECIL MARYLAND STATE	Md COUNTY CECIL	
d lo	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) OR	outside corporate limits, write RURAL and give nearest	town)
tion	YOWN NORTH EAST 70 YRS TOWN	NORTH EAST	X
m of information carefully. death clearly and legibly.	HOSPITAL OR STREET ADDRESS ADDRESS		1
of inath c	3. NAME OF (First) (Middle) (Last) DECEASED:	4. DATE (Month) (Day) (Year	r)
item of dea	(Type or Print) #55 F 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, NICOLOR OF BIRTH: WIDOWED, DIVORCED, 8. DATE OF BIRTH:	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 2	2
	(Speciful)	85 70 yrs. Months Days Hours	Min.
ery	IOA. USUAL OCCUPATION (Give kind of the local part of the local pa	LACE (State or foreign country): 12. CITIZEN OF	WHAT
cau	TET CETTE BRICK MAKER MAR	COUNTRY?	
pply he		R'S MAIDEN NAME:	
NG INK. Supply every please write the causes	CHARLES SIMPERS BIDDLE RACH	IEL DAVIS	
K. wri	(Yes, no, or unk.) (If Yes, give war or dates	MANT & ADDRESS:	
INK.	of service) No 216-05-6564 mrs m	Pary m. Biddle horth East h	nd
NG	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BET	TWEEN
I	2 mg 1 carrier and a second respectively the second respectively.	ONSET AND	DEATH
FA	IMMEDIATE CAUSE (A) Cardiac Failure	Bulle	
UNFADING sicians: plea	ANTECEDENT CAUSE (S)	1444	000
WITH UNFAI	diseases or conditions, if any, (B) Lymphatic Sarcol stating underlying cause last.	ma · · · · ·	
W.	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	V.	
AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE		
NI	DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
PLAINLY, lly importa	May May 14/55 Lymphatic Sarcoma	20. AUTOF	
-	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory. 21c. Wh	HERE DID (City or town) (County) (State	te)
>	210. TIME (Month) (Day) (Year) (Hour) 21s INJURY OCCURRED 21s. HOW OF INJURY	V DID INJURY OCCUR?	
OR e is		. Dec 555	
20	22. I hereby certify that I attended the deceased from May 19559,	to Dec J, 1922, that I last saw the dece	eased
E TYPE	1 1000000000000000000000000000000000000	DATE SIGNED	
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREM		(State)
PLEASE	REMOVAL (SPECIFY)	T MATHERICA . The	-
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNE	ERAL DIRECTOR ADDRESS	
	REGISTRAR - 55 Sarah & Rothermel Joseph	h of Frank north East m	d

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

Same a variety of the strategy of the

The late of the same of the sa

BUREAU V. S.

	0 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	2557
	The	11853 CERTIFICATE OF DEATH Reg. Dist. N	vo. 96
	carefully.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
4.5	carefull legibly.	COUNTY Cecil MARYLAND STATE Delaware COUNTY	
(13)		CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) CITY (If outside corporate limits, write RURAL and (in this place) OR	give nearest town)
	tion	X TOWN Perry Point 30yrs.7mo.13days Town Wilmington	46x-3
	item of information of death clearly and	HOSPITAL OR (If rural give location) STREET (If rural give location) ADDRESS STREET ADDRESS 925 Spruce	
	in n c	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day	•
	of eat	DECEASED: (Type or Print) FRANK E. BOYLE OF DEATHDecember 29	
		5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, WIDOWED, DIVORCED, Widowed, Single 4-4-89 9. AGE last birthday Months Days	
	causes	even if retired): Cloth Worker Factory Delaware US	UNTRY?
BINDING	Supply te the c	13. FATHER'S NAME: Unknown 14. MOTHER'S MAIDEN NAME: Unknown Margaret (?)	
-	+ head	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR	INK.	(Yes no, or unk.) (If Yes, give war or dates Unknown Hospital Records, VAH, Perry Poi	nt, Md.
MARGIN RESERVED F	ADING I		NTERVAL BETWEEN
3RV	AD)	IMMEDIATE CAUSE (A) Infarction of myocardium with	4 to 5 days
SSE	UNE	ANTECEDENT CAUSE (S) DUE TO interventricular septal defect	
28		DISEASES OR CONDITIONS, IF ANY. (B) Arteriosclerotic heart disease, severe	unknown
Z	TH Phy	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	1
RG	Η.	(c) Pulmonary tuberculosis, bilateral, active	unknown
MA	P-4	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis generalized, severe	unknown
	7		20. AUTOPSY?
		21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (County)	(State)
	WR]	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while at work at work	
	e O	22. I hereby certify that X attended the deceased from5-16, 19.25, to12-29, 19.55, MAKEDISON	DOCEDO CONTROL
- 53	TYPE 0 rect age	and control and that death occurred at 1:00a M, from the causes and on the date sta	
- 10	SE TY]	W. OPPLER, Director, Professional Services. D. VAH, Perry Point, Md. 12-	-30-55
A15 —		23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or confidence of the control of the co	ounty) (State)
VS. A	PLEA:		ce, Md.

OBVIEDE OF NAL

BUREAU V. S.

carefully.

information

item

every causes

Supply

ADING

RESERVED

MARGIN

legibly

and

clearly

death of.

of

the

write

important.

PLAINLY,

and that death occurred at 3:30 M, from the causes and on the date stated above. alive on SIGNATURF M. D. CREMATORY 23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY) SIGNATURE DATE REC'D BY LOCAL REGISTRAR FUNERAL DIRECTOR

(City, town, or county)

DATE SIGNED

NO

DEC SB 1922

BUREAU V. S.

ALCO MANAGEMENT OF THE PARTY OF

to be a few to the second

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11005	CEPTI	STC A TITE	OF	DEATH	

	11835 CERTIFICATE	E OF DEAT	H Reg. Dis	t. No. 92
	1. PLACE OF DEATH:	2. USUAL RESIDEN	CE (HOME) OF DECEASE	ED:
and regions	COUNTY Cocal MARYLAND	STATE M	COUNTY De	cil
101	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside co	orporate limits, write RURAL	and give nearest town)
	OR and give nearest town) (in this place)	OR TOWN	with Each &	nd v
	HOSPITAL OR	STREET	(If rural give location)
clearly	STREET ADDRESS Union Hospital	ADDRESS		
	DECEASED.	(Last)	OF /O	(Day) (Year)
nearii	(Type or Print) O MUNICO	ouch	DEATH: AUG	20 1917
70	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, B. DATE WIDOWED, DIVORCED, (Specify): (Specify): (Li planted)	OF BIRTH: 9.	AGE last birthday IF UNDER 1 7 2 yrs. Months	Days Hours Min.
200	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (S	tate or foreign country): 12	
carnes	even if retired): Howsewife	NorthEast	md	COUNTRY
2110	13. FATHER'S NAME:	14 MOTHER'S MAI	DEN NAME:	420
	milan too Cameron	linn	& Lockers	/
MILLO	15, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Paul ECo	ruch mail?	1. h h. 1
2	18. MEDICAL CERTIFICAT	ION	in and	INTERVAL BETWEEN
Direction of	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONSET AND DEATH
	151X	1	I day	10 h N
24.4	IMMEDIATE CAUSE (A)CL DUE TO	monry y	KI-Jimele .	12 mm/4
	ANTECEDENT CAUSE (S)	\wedge		
- III SICIONIS	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	<i>U</i>		
	(C)			
ווויףסו נמווני	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
5	DISEASE OR CONDITION CAUSING DEATH.			
d in	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N -		20. AUTOPSY?
				YES NO
especially	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, fact OF INJURY street, office bidg.,	etc. INJURY OCCUR		nty) (State)
	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
2		1 10/3 1/1/26	20 10 ()	4 41 - 1 1
200	22. I hereby certify that I attended the deceased from	1217	20., 19 that I las	
	alive on Aller 20, 1940, and that death occurred at	M, from the	causes and on the date	stated above.
201	SIGNATURE	Can	1 60 6	O. ICE
correct		D. 7 KOL	LOCATION (City, town,	or county) (State)
-	REMOVAL (SPECIFY)	adiah	muth Earl C	11 20
	DATE REC'D BY LOCAL REGISTBAR'S SIGNATURE	24. FUNERAL DI	RECTOR THE	7 ADDRESS
	REGISTRAR 7/ Frague	TETORA R-	Grant north	East md

VS. A15-10-53

PLEASE TYPE

JARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

DECENVEDO V. S. 1955

after de	1. PLACE OF DEATH		10 =	CE (HOME) OF DECE	SED
hours ctor, th	COUNTY PC// CITY (If outside corporete limits, write RURAL	LENGTH OF STAY	CITY (if outside corpor	COUNTY Crete limits, write RURAL and give	e neerest town)
72 hour director,	X TOWN RUIEAL SASSAFRIAS	(in this place)	OR TOWN PURAL	SASSAFI	RAS Y
within 72 funeral di	HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rure) give loce	tion)
istrar wil	3. NAME OF (First) DECEASED (Type or Print) M, EA	Middle)	DAVIS'	4. DATE (Month) OF DEATH DEC	(Day) (Year)
the regis in by 1	5. SEX 6. COLOR OR 7. SINGLE, MARRIE WIDOWED, DIV (Specify) MARKET SPECIFY	RRIED AU	G. 29, 1882	73 yrs. Mon	
with filled mit.	done during most of working tife, even if or retired) FARMING OWN	OF BUSINESS INDUSTRY FARM	11. BIRTHPLACE (State or foreign MD)		12. CITIZEN OF WHA COUNTRY?
pe Z	13. FATHER'S NAME		14. MOTHER'S MAIDEN I	IAME ST	
e be fi e mplete transit	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 16.	SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	73
safe com	(Yes, no, or unk.) (If Yes, give wer or deles of service)	7-26-213	19 Mas For	1 Davic -	Sossafa
puritific puriti	7	1 0-10	ERTIFICATION	LUAYIS -	INTERVAL BETW
ath ce cian a	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 1420, I IMMEDIATE CAUSE (A)	oring del	J. J. Cada	· Varenbar	ONSET AND DE
physicia physicia use as	ANTECEDENT CAUSE(S) DUE TO		Q P	77	. 0 1
that the	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	reese	- KJ. Coronare	, Inizam bos	S 7 day
requires the attended detached	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
ه ۱۶	198. DATE OF OPERATION 196. MAJOR FINDINGS O	OF OPERATION			20. AUTOPSY YES NO
The	21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, ferm, fectory, ffice bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (State)
RECTOR: een execut assembly s	21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. While M. et wo		21f. HOW DID INJURY OCCUR	?	
	22. I hereby certify that I attended the decea	//	- , 19 10, to De		
has has ifficati	alive on 19.55., and SIGNATURE	that death occurred	at	auses and on the date :	stated above. DATE SIG
NERA ficate ficate th certif	23. BURIAL, CREMATION, DATE THEREOF	M.D.	206 South B	LOCATION (City, town, or c	
FUNERA certificate death cert		THE OF CEMETERS O	or cremanori	An:	(0.

AN 189 Reft					
	to diagnosticalisticalistical		EL LATERAL		
		NOR WAY			
	TO THE PARTY				
	S THE STANFORM			In-Albert & S	
			ACCOUNT OF THE		

BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

- 11855 CER	TIFICATE OF	F DEATH	Reg. Dist. No.	92
1. PLACE OF DEATH:	2. US	SUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY COCIL M	ARYLAND ST	ATE MA CO	OUNTY CECIL	
CITY (If outside corporate limits, write RURAL)	LENGTH OF STAY CI	TY(If outside corporate limits	the same of the sa	nearest town
OR and give nearest town) TOWN ELETON	(in this place) OF	OWN ELKTO	N	X
HOSPITAL OR INSTITUTION OR A CA	ST	REET (If ru	ral give location)	1
STREET AODRESS RFD#2.		RFD#	2.	
S. NAME OF (First) (Midd	le) \ (Last)	4. DATE	(Month) (Day)	(Year)
(Type or Print) HARVEV	- DILLINGE	A DEAT	H: /2 &	1955
S. SEX: 6. COLOR OR 7. SINGLE, MARRII RACE: WDOWED, DIVO	EO, 8. DATE OF BIL	RTH: 9, AGE last bir		UNDER 24 HRS.
M. RACE: WIDOWED, DIVO	(ais) 8.10.1	299 63	yrs. Months Days Ho	ours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND	OF BUSINESS 11. BI	RTHPLACE (State or foreig	n country): 12. CITIZE	N OF WHA
work done during most of working life, even if retired):	IOUSTRY:	E WELL DE	COUNT	RY7
3. FATHER'S NAME:	FARM. 14. M	OTHER'S MAIDEN NAME	4.5	
D = 1 = \ Air in		X	000./	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	AL SECURITY NO. 17. IN	NECLA O	REEN	
Yes, no, or unk.) (If Yes, give war or dates	AL SECURITY NO. 17. IF			
of service)	· · ·	In H. Dilling	RED# 2. E	LATON
1	ICAL CERTIFICATION		INTERV	AL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING	3 TO DEATH	1.	ONSET	AND DEATH
420.0	Acerto com	man throng		54.4
OUE TO	Thurs Con	on my I work	7/3	J max
ANTECEDENT CAUSE (S)	1.1.	1. 41	. /	1/
GIVING RISE TO THE ABOVE CAUSE DUE TO	- Angeston elec	over flour D	were /	2 years
STATING UNDERLYING CAUSE LAST.		1. 0		1
(C) I OTHER SIGNIFICANT CONDITIONS CONTRIBU	remalined	antenoches	20 5-	Dyear
TO THE CEATH BUT NOT RELATED TO THE	TING		100	1
DISEASE OR CONDITION CAUSING DEATH				0
19A. DATE OF OPERATION: 19B. MAJOR FINDIN	35 OF OPERATION			AUTOPSY?
			YES	□ No 🔀
1A. ACCIDENT WAS UNDERLYING 21B. PLACER CONTRIBUTING CAUSE OF DEATH OF INJURY	E (Home, farm, factory, 21 street, office bldg., etc. IN.	c. WHERE DID (City or t	own) (County)	(State)
IF EITHER, NOTIFY MEDICAL EXAMINER)				
ID. TIME (Month) (Day) (Year) (Hour) 21E IN OF INJURY While	JURY OCCURRED 21F.	HOW OID INJURY OCCU	R7	
M. at work	at work			
22. I hereby certify that I attended the decea	sed from Nov . 19	95% to 19. 9 . 19	That I last saw th	he decease
	4			
alive on 2, 1955, and that d	eath occurred at//./3/	ADDRESS	on the date stated . DATE SIGN	above.
Man Man E		154 me Main F	WTan HI 10	.0
23. BURNAL, CREMATION, DATE THEREOF	M. O. /	CREMATORY LOCATION	N (City, town, or county)	State
REMOVAL (SPECIFY) 17/12/ CC	m, 11		+00	. 1
100110110100	7			Md_
OATE REC'O BY LOCAL REGISTRAR'S SIGNA	TURE 24.	FUNERAL DIRECTOR	1 Engapor	- MI
Dec 12 Trinas	un Hele	alle de 1200	-1k. Citalion	11119

- 10 - 53 VS.

PLEASE TYPE

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BI

DECEIVED V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL.	EXAMINER'S	CERTIFICATE	OF	DEATH
		CERTIFICATE	Ur	DWALLI

	MEDICAL EXAMINER 5 CER	IIIIOAII OF DEATH	No
, ,	A PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	COUNTY Cecil MARYLAND	STATE Colorado COUNTY	
	CITY (If outside corporate limits, write RURAL OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN Colorado Springs	give nearest town) +4 × -3
	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) 510 Huron Road	4
		(Last) 4. DATE (Month) (Day) OF DEATH 12 7	(Year) 19 55
	Male RACE: WIDOWED, DIVORCED, (Specify): Single 18 Au	of Birth: 19. AGE last birthday: IF UNDER 1 YI 19. AGE last birthday: IF UNDER 1 YI Months Da 25 yrs.	ys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Sailor U. S. Navy	Montrose, Colorado	CITIZEN OF WHAT COUNTRY? U.S.
1	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
)	(Yes, no, or unk.) (If Yes, give war or dates of	Information not available 17. Informant & Address:	
	Yes service)	U. S. Navy Service Record	
	Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause but to stating underlying cause last (c)	f skull. Crushed left side of e of right ankle	INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
	21a. EXTERNAL CAUSE WAS PRIMARY M or CONTRIBUTING OF Street office bldg. end. CAUSE OF DEATH.	22c. (City or town) (County) 222 Port Deposit Cecil Man	ryland
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while inJURY 12 7 55 1:134. work at work	Carran off road out of control	
	22. I hereby certify that I took charge of the remains described find that death resulted from: Natural causes [], Accided SIGNATURE	dent X, Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause DATE SIGNED
	REMOVAL (Specify): Removal & Burial 12-8-55 Salt Lake Ci		
	REG. 12-8-55 Worothy B Dramble	Jel. tellerand for / cryo	ille, md

PLEASE WRITE PLAINLY, WITH UNFADING INK Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS. A15A - 5 - 53

M

MARGIN RESERVED FOR BINDING

DEC IS 1955

me sonoles - Village

the chief that Employed Life of the custoke, Bouchest

MARYLAND STATE DEPARTMENT OF HEALTH-RALTIMORE 18

MARCHAND SIMIL BEI MARCHANDI OF MEMBER BILLINGER, 10					
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 92

MEDICAL	BAAWIINE	K S CERI	IFICATE	OF DEAL	H No.
I. PLACE OF DEATH:	.0	2	. USUAL RESIDENCE	(HOME) OF DECEASE	D: ()
COUNTY O	ru	MARYLAND	STATE KNU	· COUNTY	elle
OR and give neares to	WWW.	LENGTH OF STAY (in the place)	OR TOWN	ton Run	AL and give nearest town)
HOSPITAL OR SINSTITUTION OR STREET ADDRESS	mion Ha	Intal	STREET ADDRESS	(If rural, give loc	eation)
3. NAME OF DECEASED: (Type or Print)	chohAS	FI 6	stialt	OF DEATH (Month)	(Day) (Year) 4 1965
5. SEX		order 8-2	5-1908 9. A	GE last birthday: Mon	ths Days Hours Min.
10a. USUAL OCCUPATION Work dong purify no	Give kind of 10b. KI	ND OF BUSINESS OR BUSTRY:	Derth Derth	State or for ign country	12. CITIZEN OF WHAT
13. FATHER'S NAME:	all Fair	tials	14. MOTHER'S MAIDEN	PAME:	1.
15. WAS DECEASED EVER IN Yes, no, or link.) (If Yes, g service)		- 05-6/88 kg	INFORMANT & ADDI	s Gastia	e Elletony
I. DISEASES OR CONDITION	ONS DIPECTLY LEADING	TO DEATH.	CERTIFICATION	1	INTERVAL BETWEEN
Immediate cause	(a)	plante	i anes	ma	ONSET AND DEATH
Antecedent cause(s	DUE TO				
Diseases or conditions.	if any. (b)			••••	
giving rise to the abov stating underlying cau	se last				
	CONDITIONS CONTRIBUTE ON CAUSING DEATH	THE			
19a. DATE OF OPERATIO					20. AUTOPSY? Yes 🗆 No 🚺
21a. EXTERNAL CAUSE W PRIMARY (A or CONTRIB CAUSE OF DEATH.	AS 21b. PLACE OF INJURY	(h) m farm, factory, street office blig., etc.,	Clity of town	The Clerk	el 07 (State)
TASKINY DO	(Year) (Hour) 21e. INJ Whil work		Stranger	ig auto.	with paint
					on X, Inquiry X, and
signATURE	ulted from: Natural	causes □, Accide	CHIEF MI DEPUTY	Homicide [], U EDICAL EXAMINER MEDICAL EXAMINER T MEDICAL EXAM.	ndetermined cause []. DATE SIGNED 12-5-66
23. BURIAL, CREMATION, REMOVAL (Specify)/:	DATE THEREOF	NAME OF CEMETERY		LOCATION (City, town	o, or county) (State)
DATE REC'D BY LOCAL	REGISTRAR'S SIGNAT	TURE I	24. FUNERAL DIRECT	TOR A	ADDRESS
REG. Sec. 5	7R7n	asu	4 Walter den	Bout &	lblon ml

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

BUREAU V. S.

DEC L 1322

11857 CERTIFICATI		. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE):
COUNTY COCIL MARYLAND	state Maryland county	
CITY (If outside corporate limits, write RURAL (in this place) Y TOWN Perry Point 3yrs.7mo.12da;	* OR	3 VO / - 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS/eterans Administration Hospital	STREET (If rural give location) ADDRESS 404 E. 22nd	1
DECEMEN	(Last) 4. DATE (Month) (I OF DEATH: December	Day) (Year) 26 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE RACE: WIDOWED. DIVORCED.	OF BIRTH: 9. AGE last birthday Months D	EAR IF UNDER 24 HRE.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 10B. KIND OF BUSINESS OR INDUSTRY: Unknown		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Grille	Sabistania (?)	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW II Unknown	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry P	oint. Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
ANTECEDENT CAUSE (S)	monia, bilateral, severe	4 to 5 days
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteri	iosclerosis generalized	unknown
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor Contributing Cause of Death (if either, notify medical examiner)	etory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work		ř.
22. I hereby certify that * attended the deceased from5-1	4 , 19.52 to 12-26 , 19.55, TAXESTAN	SEASON PROPERTY OF THE
SIGNATURE at SIGNATURE	10:30 M, from the causes and on the date ADDRESS	stated above. re signed
W. OPPLER, Director, Professional Services M	N.D. VAH, Perry Point, Md. 1	2-29-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETING REMOVAL (SPECIFY) 12-29-55 St. Fr	ERY OR CREMATORY LOCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	

OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

DATE REC'D REGISTRAR

MARGIN RESERVED FOR



after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 1183

	11840
. Dist. No	9-1
EASED	
Cecil	
give negrest town)	

Item 7, FilmG190 1-3-56 et			Reg	. Dist. No	
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DE	CEASED	
county Cocil	MARYLAND	STATE 10	COUNTY	Cecil	
CITY (If outside corporete fimits, write RURAL OR and give neerest town)	LENGTH OF STAY (In this place)	CITY (If outside corpor	reta fimits, write RURAL and		
2 TOWN BY ITOM	TO Trus	OR TOWN Elitto	20		21
HOSPITAL OR	2.9 0.29	STREET	(If rurel give	location)	,
INSTITUTION OR STREET ADDRESS 139 Collin s	St.	ADDRESS 139	Colli ns	St.	
3. NAME OF (First) DECEASED	(Middla)	(Lest)	4. DATE (Month	(Day)	(Year)
(Type or Print) Arthur		Haines	DEATH 1	2 - 26 -	19 5
5. SEX 6. COLOR OR 7. SINGLE, M RACE WIDOWED	ARRIED, 8. DATE		_	IF UNDER 1 YEAR	IF UNDER 24 HRS.
II Negro (Specify)	Single 7	9	/O yrs.	Months Days	Hours Min.
done during most of working life, even if	OR INDUSTRY #	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN	
	ardening	Marylo	Por d	11	5 /+
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME		
Unknown		u	nknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	Collin	9 9+
(Yes, no, or unk.) (If Yes, give wer or dates of service)	The state of the s	Nng 2517	dred Hadder		2 - 1
7 100	18. MEDICAL CE		ar ca fraction		VAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE		a mand to be an		ONS	TTO B
4 (A)	MOLLITO HE	g urgitation		4	. 71.2
ANTECEDENT CAUSE(S) DUE TO	Chronic Myo	anditis			
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	0111 01110 1110 0	A CT OT D			
STATING UNDERLYING CAUSE LAST. DUE TO	Hyportensio	n			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	The dr. och to the	11			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
	NGS OF OPERATION			20.	AUTOPSY?
OL ACCION OF WAS INDESCRIPTION OF THE OWNER.				YES	□ NO □-
	(Home, ferm, factory, eet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR	? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21a. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR	17		
м.	at work at work				
22. I hereby certify that I attended the d	eceased from 6/51	19 10. 1.2	19 55	that I last saw	the deceased
alive on	and that death occurred a	18 . 15AM from the c	auses and on the day	e stated above	
SIGNATURE			RESS (Streat, city, town,		ATE SIGNED
times L. Johnso	M.D.	Elkton, Mary	rland	12/26	155
23 CHAL CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town,	or county)	(Stete)
Durial 12/26/8	55 trovide	11/e (04)	ELKton		no 1
24. REC'D BY REGISTRAR REGISTRAR'S SIGNA		25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	111 0.
DATE F C 28 1055 2. K. 3	trager	H. Walter &	u Boe &	· EDBE	m Mil

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTHOUSE TO

HEAST OF DEATH

MULTINESSEE AND ADDRESSEE AND

BUREAU V. S.

DEC 58 1822



and limited to the state of the

AND THE PARTY SPECIAL PROPERTY OF THE PARTY OF THE PARTY

Jo. vi. willings

MARYLAN	D STATE	DEPARTMEN	T OF	HEALTH-	-BALT	IMORE,	18
TITITOLI	TAXE A BA	CONTENTA	CITAT	MITTAL	A FERTA	OT	TAT

MEDICAL	EXAMINER'S	CERT	IFICATE	OF	DEATH	No. 92
1. PLACE OF DEATH:	eil MARYI		STATE MC	1.	OF DECEASED:	ril
CITY (If outside corporate OR and the nearest to YTOWN	e limits, write RURAL LENGTI	I OF STAY	OR TOWN ONE	rporatedim	ita write RURAL s	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	LKTON, Md. RD#	4	STREET ADDRESS	ton	rural give location	"4
3. NAME OF DECEASED: TR	EST FREEM	AN	HALL.	4. DATE OF DEATH	12.	ay) (Year) 16 1955
5. SEXM, 6. COLOR	ile Millier	2 3 -7	-1868	67	yrs. Months	I YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION		uunla	11. BIRTHPLACE	ne	oreign country):	2. CHIZEN OF WHAT
13. FATHER'S NAME:	eman Hall.		4. MOTHER'S MAIDE	ifu	matro	n
15. WAS DECEASED EVER IN (Yes, no, or unk.) (If Yes, giservice)		RITY No.: 17.	M. Harrie	Has:	el. Elke	tou NiD 4 hua
I. DISEASES OR CONDITION Immediate cause		ATH:	CERTIFICATION BOSONO	ur47.	Chronil	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, i	41.5				••••	
giving rise to the above stating underlying cause	e cause DUE TO se last (c)					
	CONDITIONS CONTRIBUTING T NOT RELATED TO THE ON CAUSING DEATH.					
19a. DATE OF OPERATION	N: 19b. MAJOR FINDING OF OP	ERATION:				20. AUTOPSY?
21a. EXTERNAL CAUSE W PRIMARY Or CONTRIB CAUSE OF DEATH.	BUTING OF street, offi INJURY	ice bldg., etc.,	21c. (City or town)		(County)	(State)
21d. TIME (Month) (Day) OF INJURY	M. While at work	Not while at work	21f. HOW DID INJ			
	nat I took charge of the rema ulted from: Natural causes	Accider	nt [], Suicide [], CHIEF M DEPUTY M. D. ASSISTA	Homic MEDICAL MEDICAL		
23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL (Specify): BURIAL (Specify): DATE REC'D BY LOCAL	DEC 20 Chr	Stacea	OR CREMATORY 24. FUNERAL DIRECT	Cles	N (City, town, or	ADDRESS O
REG. Dec 20	H3 raser		P/ Vec	10	resmu	was ve

PLEASE WRITE PLAINLY, WITH UNFADING INK. age is especially important. Physicians: please VS. A15A - 5 - 53

Supply every item of information carefully. The correct write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEVERSOR SECULATION V. S. BUREAU V. S.

TO ST. Fordel Present

STEEN OF THE

(Year)

Yes | No D

DATE SIGNED

ADDRESS

(State)

(State)



Livery of the same

may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8 DATE OF

Sep.

11838 CERTIFICATE

MARYLAND

LENGTH OF STAY

(Middle)

SINGLE, MARRIED, WIDOWED, DIVORCED,

Ellis

Married

Penna. RR

16. SOCIAL SECURITY NO.

No

18. MEDICAL CERT

10b. KIND OF BUSINESS OR INDUSTRY

11843

OF DEATH
Reg. Dist. No. 92
2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town)
TOWN Rural Elkton
STREET (If rurel give location) ADDRESS
owell, Sr. 4. Date (Month) (Dey) (Yeer) OF DEATH Dec. 19, 1955
owell, Sr. SEATH Dec. 19, 1955
9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Cecil County, Md. COUNTRY? S. A
14. MOTHER'S MAIDEN NAME
Sue Reynolds
17. INFORMANT & ADDRESS R. D. #2.
Harry Howell(S) Newark, Del.
FIGATION INTERVAL BETWEEN ONSET AND DEATH
Elema 7 days
- year
cular revel 10 years
The state of the s
20. AUTOPSY?
WHERE DID INJURY OCCUR? (Cily or town) (County) (State)
WHERE DID INJURY OCCUR? (Cily or town) (County) (State)
. HOW DID INJURY OCCUR?
1934, to 1914, 19 that I last saw the deceased
M from the causes and on the date stated above
ADDRESS (Street, city, town, stete) DATE SIGNED

et work et work 22. I hereby certify that I attended the deceased from..... alive on..... and that death occurred at ... SIGNATURE

21c

21

M.D. 24 Milson BURIAL, CREMATION, REMOVAL (SPEÇIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY Burial 12-22-55

19b. MAJOR FINDINGS OF OPERATION

21b. PLACE (Home, ferm, fectory,

OF INJURY street, office bldg., elc.

While

LOCATION (City, town, or county) Gracelawn Mem. Park

Farnhurst. Del. 25. FUNERAL DIRECTOR'S SIGNATURE

REC'D BY REGISTRAR

1. PLACE OF DEATH

STREET ADDRESS 3. NAME OF

DECEASED

COUNTY

TOWN HOSPITAL OR INSTITUTION OF

S. SEX

fransit permit.

and

the attending physician e detached for use as a

by

executed

certificate has been

death certificate assembly should be

A15C 1-55 10M

Male

13 FATHER'S NAME

(Yes, no or unk.)

19e. DATE OF OPERATION

21e. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TI CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dev)

Ceci 1

6. COLOR OR

10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R

Agusta Howell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

IMMEDIATE CALISE

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(If outside corporete limits, write RURAL

end give neerest town)
Elkton, Maryland

(Fiest)

Harry

(If Yes, give wer or detes of service)

DUE TO

DUE TO

(Year)

Union Hospital

(Specify)

21e. INJURY OCCURRED

Not while

MARYEAU STATE DEBARYADE OF HEALTS-BALTIMORE IS DE

TARE OF STATISTICATE OF DEATH

200

DEC 14 DEC

AL . DESCRIPTION OF THE PARTY O

11839 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 .	1.0	*	7
Reg.	Dis	t.	

MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 92

	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 92
Ī	. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	10
ž L	COUNTY Ole MARYLAND	STATE MA COUNTY COL	il
and legibly.	OR and give nearest lown COWN LENGTH OF STAY	CITY (If outside corrougle limits write RURAL and OR TOWN	give nearest town)
y and	HOSPITAL OR INSTITUTION OR STREET ADDRESS	ADDITION ball Noa	d.
f death clearly	NAME OF DECEASED: FOR 9 LALYNN	(Last) LICE 4. DATE (Month) (Day OF DEATH 12 6) (Year) 19 0 6
death	Willie Speck Divorced, 10-	15- 1955 yrs. Months D	71
Jo se	0a. USUAL OCCUPATION (Give kind of work lions turking most of work life, even it work life,	11. BIRTHPLACE, (State or foreign country): 12.	COUNTRY WHAT
the causes of	3. FATHERS NAME: GENERAL Justice	14. MOTHER'S MAIDEN NAME: Caroline Sa	dler
te the	15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	George Whitele Ellet	on Ind
lease		ardilis Froetalis	INTERVAL BETWEEN ONSET AND DEATH
Physicians: p	Antecedent cause(s) Diseases or conditions, if any, (b)		• • • • • • • • • • • • • • • • • • • •
icia	giving rise to the above cause DUE TO stating underlying cause last		
dys	I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
H '	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
cant	9a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
Tod -	21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory	(County)	Yes No (State)
in	11s. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory OF street, office bldg., etc INJURY 11st 11	e, less (city of town)	(Duve)
especially important.	Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	21f. HOW DID INJURY OCCUR?	
ped	22. I hereby certify that I took charge of the remains descri		
	find that death resulted from: Natural causes X, Acci	dent □, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	mined cause []. DATE SIGNED 12-6-55
CIS .	3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	OR CREMATORY LOCATION (City, town, or co	(State)
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR 259 E. ma	ADDRESS
F	2005000000	Per, N. a Parker	

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

OBAISI SE

BUREAU V. S.

DECEINE

causes

se

d

important.

15

SIGNATURE

1. PLACE OF DEATH:

HOSPITAL OR INSTITUTION OR

COUNTY

TOWN

3. NAME OF

DECEASED

(Type or Print)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11860 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Cecil MARYLAND COUNTY CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) TOWN Perry Point yrs.8mo.13days OR TOWN Baltimore STREET (If rural give location) **ADDRESS** 1324 Eutaw Place STREET ADDRESSVeterans Administration Hospital (Middle) (First) 4. DATE (Month) DEATH: December 26 WILLIAM LEWIS 6. COLOR OR | 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday | IF UNDER 1 YEAR WIDOWED, DIVORCED. (Specify) : Divorced 64 OR INDUSTRY:

5. SEX: RACE: Months Male 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, COUNTRY? even if retired): Attorney Maryland unknown 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Mary Woolen William P. Lewis 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Xes, no. or unk.) (If Yes, give war or dates Hospital Records, VAH, Perry Point, Md. unknown Yes V of service) WW I 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Bronchopneumonia, right lung, unresolved 5-6 days IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) Pulmonary tuberculosis (by history but unknown DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE not shown on autopsy) STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Arteriosclerosis, generalized unknown DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) 21F. HOW DID INJURY OCCUR? (Hour) While Not while OF INJURY

22. I hereby certify that X attended the deceased from 4-13..., 1951, to 12-26., 1955, xhat Others and the deceased

Many on the causes and on the date stated above.

RITE 3 K 0 PE LY SE EA S

RESERVED

W. OPPLER, Director (Professional Services M.D. VAH, Perry Point, Md. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. REMOVAL (SPECIFY) Baltimore National 12-27-55 Removal REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR

at work

at work

Baltimore. Md. 24. FUNERAL DIRECTOR PENETHERON SON CHAVE GE Grace, Md.

(State)

DATE SIGNED

LOCATION (City, town, or county)

(Day)

(Year)



The contract AM strole when I know that we have your many the strong that the

4	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11861 CERTIFICATE OF DEATH Reg. Dist.	11847 No. 96
	every item of information carefully. auses of death clearly and legibly.	1. PLACE OF DEATH: COUNTY Cecil MARYLAND CITY (If outside corporate limits, write RURAL of the corporate limits, write	nd give nearest town) (Year) (Year) 2 19 55 EAR IF UNDER 24 MRS. ays Min.
RESERVED FOR BINDIN UNFADING INK. Supply rsicians: please write the c	ITH UNFADING INK. Supply Physicians: please write the c	work done during most of working life. even if retired): Laborer 13. FATHER'S NAME: Thomas J. Matthews - Deceased Thomas J. Matthews - Deceased 14. MOTHER'S MAIDEN NAME: Thomas J. Matthews - Deceased Ada May Jackson - Deceased 15. Was Deceased Even in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates of service) WW I 16. Social Security No. Whenown 17. Informant & Address: Hospital Records, VAH, Perry P 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (A) Bronchopneumonia, bilateral, unresolved DUE TO (A) Carcinoma bronchogenic, right lung, with DUE TO (B) Carcinoma bronchogenic, right lung, with DUE Tometastasis to lymph nodes, liver & spleen (C)	SA
MA	~ 60	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	Unknown 20. AUTOPSY7 YES NO
3. A15 — 10 - 53	PLEASE TYPE OR WRITE PLAINLY correct age is especially import		stated above. E SIGNED 2-5-55 county) (State)

LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY)
ROMOVAL DATE THEREOF NAME OF CEMETERY OR CREMATORY (State) Arlington National Arlington, Va. 12-4-55 REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR - 5J 24. FUNERAL DIRECTOR ADDRESS ADDRESS Grace, Md.

GUALFER DE L'ANDER DE L'ANTENNA A SUFFRITAIN DE L'ANNA D

SSC 6 DEC 6 1822

BUREAU V. S.

The

carefully.

information

of

every

Supply

ADING

PLAINLY

WRITE

K

0

田

SE

and

clearly

BECEINED

BUREAU V. S.

3261 A NAL

WRITE ge is esp 国 S

especially

23. BURIAL, CREMATION,

REMOVAL (Specify) :

DATE REC'D BY LOCAL

fully. The legibly.

carefully

FOR

MARGIN

O

and

CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM. DATE SIGNED NAME OF CEMETERY OR CREMATORY DATE THEREOF LOCATION (City, town, or county) 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

(Year)

Hours

12. CITIZEN, OF WILAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes 🗌 No 🗸 (State)

Days

DEC 58 1822
DECENAED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11850

11842 CERTIFICATE OF DEATH

Reg. Dist. No. 92

. 1						
,	1. PLACE OF DEATH: , /	2. USUAL RESIDENCE (HOME) OF DECEASED:				
dr.	CETI/	STATE Md. COUNTY CECIL				
eg	COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)				
clearly and legibly	OR and give pearest town) (in this place)	OR ELTI				
an	2 TOWN ELKton I day	TOWN ELLIFON 21				
>	HOSPITAL OR	STREET (If rural give location)				
Ē	INSTITUTION OR	ADDRESS 2/3 BOW St.				
e le	65 STREET ADDRESS Mylon Hospital	213 DOW ST.				
0	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
death	DECEASED: (Type or Print) Micheal Dennis ON	124K DEC, 3 1955				
de .	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE.				
of	Mal RACE: WIDOWED, DIVORCED, (Specify):	Months Daya Hours Min.				
	Male While	29, 1953 2 yrs.				
se	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT				
causes	work done during most of working life, or INDUSTRY:	Manual COUNTRY?				
		11/dry/and 10,5,7				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
	Alevander Walter Charack	Votathy Butler				
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SDCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
WI	(Yes, no, or unk.) (If Yes, give war or dates	11 1 1				
9	LL 1/0 of service)	Hexander Unizuk Elkton, Md.				
ease	18. MEDICAL CERTIFICATION / INTERVAL BETWEEN					
ple	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
	751111	1 adag + Alexander SI				
02	IMMEDIATE CAUSE (A) COLGENIA	al Heart presente tipe				
an	DUE TO					
Physicians	ANTECEDENT CAUSE (S)					
ys	DISEASES OR CONDITIONS, IF ANY, (B)					
h.	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.					
	(C)					
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
ta ta	TO THE DEATH BUT NOT RELATED TO THE					
100	DISEASE OR CONDITION CAUSING DEATH.					
Ju.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
=		YES NO				
ly	7 1 at 7 1 at 7 4 at 7					
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	cory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?				
ec	(IF EITHER, NOTIFY MEDICAL EXAMINER)	Modifi occan				
Sp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	OF INJURY While at work at work					
02	M. at work at work					
9	22. I hereby certify that I attended the deceased from	19, to 195 , that I last saw the deceased				
age	alive on 3 Dec., 1955, and that death occurred at	7 30				
	alive on 3, 19, and that death occurred at	ADDRESS And on the date stated above.				
e.	Mell de la	Marin House SURES had				
correct		.D. auch hogy - journ 12				
õ	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or county) (State)				
		Contraction (P. Cil Mrd				
	2011301	24. FUNERAL DIRECTOR				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	LRC 3 MITIMAN	It wall on sort in Classon Ill.				

BUREAU V. S.

DEC 1 1952

MECENAED

INTERVAL BETWEEN

ONSET AND DEATH

AUTOPSY

(State)

and

clearly

death

Jo

Wri

Se ea 0

Phys

important.

especially

AINLY

国

WRIT

K

回

information

item

every

Supply the

X

Z

Z d

IQ

V sicians

MARGIN RESERVED

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil Cecil MARYLAND CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY OR and give nearest town)
TOWN Elkton (in this place) OR Elkton years TOWN HOSPITAL OR STREET (If rural give location)

INSTITUTION OR Devine Haven Nursing Hone STREET ADDRESS

ADDRESS

West Wain St

3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Emilv F. 9 Peach (Type or Print) DEATH: 19 5. SEX: 6. COLOR OR 17. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I VEAR WIDOWED, DIVORCED. (Specify) Single RACE: Months | Days Hours 3-2-1888 OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY even if retired) Notary North East. Maryland

13. FATHER'S NAME:

J.Frank Peach

18. WAS DECEASED EVER IN U.S. ARMED FORCEST

10. SOCIAL SECURITY NO.

Sally B.Ford

14. MOTHER'S MAIDEN NAME:

(Yes, no, or unk.) (If Yes, give war or dates no of service) None 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

Mrs William A.Coslett Pensgrove N.J

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

enocarcinoma of preast with metasticis

IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY,

GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) ...

TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF

Hypertensive Cardiovanela Beal Disease

21A. ACCIDENT WAS UNDERLYING

218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc.

INJURY OCCUR?

While Not while 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Fch., 1954, to 1904, 1955, that I last saw the deceased 1955, and that death occurred at 1:20 P.M. from the causes and on the date stated above. alive on .. SIGNATURE

23. BURIAL. CREMATION. REMOVAL_(SPECIFY) Burial

REGISTRAR

DATE REC'D BY LOCAL

12-22-1955

REGISTRAR'S SIGNATURE

NAME OF CEMETERY OR CREMATORY Bethel

Chesapeake City Cecil. Md 24. FUNERAL DIRECTOR Morth East. Maryland

LOCATION (City, town, or county)

(County)

13 OR 回 0. correct TY SE

THOUGHT STATE OF THE WANTED AND STATE OF STATES

THE REPORT OF THE PARTY OF THE

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Item 8, Film G190, 12/12/55 bh
CERTIFICATE OF DEATH 11844

11852

Reg. Dist. No...

1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	ASED				
county Cecil	MARYLAND	STATE Marvl	and county	Cecil				
CITY (If outside corporete limits, write RURAL OR and give nearest town)	LENGTH OF STAY	CITY (If outside cor	porate limits, write RURAL end giv					
2/ Town Elkton	(in this place)	OR TOWN	Il Moin Cta	21				
HOSPITAL OR	1716	STREET	W. Main Str	000				
INSTITUTION OR		ADDRESS	(ii tutai giye toca	mon)				
union Hospit			Elkton, Mar	yland				
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Yeer)				
(Type or Print) Idella C	amblin	Pullen		ember 1 19 55				
5. SEX 6. COLOR OR 7. SINGLE, MAR	RRIED, 8. DATE			NDER 1 YEAR IF UNDER 24 HRS.				
RACE WIDOWED, I	4 5 5	- 20 100da	Mon	ths Days Hours Min.				
10e. USUAL OCCUPATION (Give kind of work 10b. K	idowed Mar	7 28 189 89 11. BIRTHPLACE (State or for	56 Yrs.	1 12. CITIZEN OF WHAT				
done during most of working life, even if	OR INDUSTRY		eigh county;	COUNTRY?				
OTITION	. Employ. Se	4	yland	U.S.A.				
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME								
Fred Camblin								
	16. SOCIAL SECURITY NO.	Mary Da						
(Yas, no, or unk.) (If Yes, give wer or detes of service)	216 10 0771	Joseph	Wildon Deal-					
	18. MEDICAL CE	RTIFICATION	Wilson, Rock	VILLE I d.				
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 (1)	, , , , , ,		ONSET AND DEATH				
4/6 X IMMEDIATE CAUSE (A)	Cerebrot	Endrusa		32 Hours				
ANTECEDENT CAUSE(S) DUE TO		+ 1	1	1 1				
	when h	neumtic pe	put clistope	"le-known				
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO								
(C)		Λ						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1) 1	1.111 +		0				
DISEASE OR CONDITION CAUSING DEATH.	Hundar /	libelloby		Sevel years				
196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?				
	1/			YES NO				
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (HO OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	me, farm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21	. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?					
	hila Not while at work							
		1952, to De	1 19 55 th	at I last saw the deceased				
22. I hereby certify that I attended the deceased from Dec. 1952, to Dec. 1955, that I last saw the deceased alive on								
SIGNATURE / D . II	./	ADI	DRESS (Street, city, town, state	DATE SIGNED				
S. Rell Striker	7 1/2 M.D.	7-1/2	1111	12/0/00				
23. BURIAL, CREMATION DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, town, or co	ounty) (State)				
REMOYAL (SPECIFY)	_ \ \			No. 1 (1975)				
Burial Dec. 4, 1	955 Bethel	The state of the s	Nr. Chesap	eake City, Md				
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	SIGNATURE	ADDRESS MA				
DATUELO 1956 8. 76.	Frager	VIPFIN BUN	IPIAL Home . The	Kem Ticking				
		***	171	the same of the sa				

17 CHATTERN

AND TRANSPORT OF BUILDINGS AND ADDRESS OF THE PROPERTY OF THE PARTY OF

BUREAU V. S.

MEDICAL	EXAMI	NER'S	CER	TIFICATI	E OF	DEATH	I No.	97	-
1. PLACE OF DEATH:				2. USUAL RESIDE	NCE (HOME)	OF DECEASED:		1	
COUNTY Cecil		MARYL	AND	STATE Md.	CO	UNTY Cecil			
CITY (If outside corporate OR and give nearest to TOWN	limits, write RU	RAL LENGTH	OF STAY is place)	ii OK		its write RURAL	and give	nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	nion Hospi	ital		STREET ADDRESS		rural, give locations Avenue	on)		1
DECEASED.	ames	(Middle)		(Last) Purdie	4. DATE OF DEATH	70	Day) 27	(Year) 19 5	5
5. SEX: 6. COLOR RACE: Colore	WIDC	LE. MARRIED, OWED, DIVORCEI (y): WICOWE	8. DATE Sep	t.15,1903	9. AGE last 52	oirthdsy: IF UNDE Months		Hours	Min.
10a. USUAL OCCUPATION work done during most even if retired):	(Give kind of of work life, borer	10b. KIND OF BUINDUSTRY:	USINESS O	N.C.	E (State or f	oreign country):	12. CITI	ZEN OF	WHA'
	naniel Pu			14. MOTHER'S MA Unkn					
15. WAS DECEASED EVER IN U (Yes, no, or unk.) (If Yes, gi service)	S. ARMED FORCES to we war or dates of	16. SOCIAL SECUR 213-01-11		17. INFORMANT & James H. P		r.,-111	Clin	ton	St.
Immediate cause Antecedent cause(s) Diseases or conditions, if giving rise to the above stating underlying cause	(a) DUE TO any, (b) cause DUE TO e last (c)	Gunshot '		of Chest				ERVAL E	
IL OTHER SIGNIFICANT OF THE DEATH BUT DISEASE OR CONDITION	NOT RELATED	TO THE							
19a. DATE OF OPERATION	19b. MAJOR	FINDING OF OPE	RATION:				20.	AUTOI Yes 🗆	
21a. EXTERNAL CAUSE W. PRIMARY [] or CONTRIB CAUSE OF DEATH.	JTING 🗆	PLACE (Home, fa OF street, offic INJURY	to bldg., etc.	Iron Hill 21f. HOW DID		(County)		(State) Md,	
21d. TIME (Month) (Day) OF INJURY 12 24	(Year) (Hour) 55 LA M.	21e. INJURY OCC While at 1 work	Not while at work	Shot with					
22. I hereby certify the find that death resusting signature 23. BURIAL, CREMATION,	t I took charge lited from N	atural causes [, Accid	lent □, Suicide CHIE DEPU	, Homic F MEDICAL TY MEDICAL STANT MEDIC	ide M, Unde	termine D 12	ed car ATE SI /27/5	ise 🔲
Bulla Isbeena):	12/30/55	Provid		Cem.	Elkt	con, Maryl			
DATE REC'D BY LOCAL REG.	REGISTRAR'S	Trazer		24. FUNERAL DI	PISCU	909	Popla	ar S	

Janes to Library to Shirts 217 BUREAU V. S. 050 DEC 00 DEC

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11854

work done during most of working life. Retired) Farmer Own Farm Conowingo, Md. 13. FATHER'S NAME: John M. Rawlings 14. Mother's Malden NAME: Eliza M. Hindman 15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) If Yes, give war or dates of service) 16. Social Security No. none 17. INFORMANT & ADDRESS: Eleanor Copenhaver Conowingo, Md.	11863 CERTIFICATI	
CITY (if outside corporate limits, write RURAL And give nearest town) OR May live nearest town) CONOWINGO RUPAL INSTITUTION OR NOTICE INSTITUTION STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS IIF rural give location) OR ADTE (Month) (Day) (Year) FORTH DOES STREET ADDRESS STREET ADDRESS IIF rural give location) OR ADTE (Month) OR ATT (Month) OR AND OR ATT (Month) OR AND OR AND OR BUSINESS OR INDUSTRY: OR IN	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
CITY (if outside corporate limits, write RURAL And give nearest town) OR May live nearest town) CONOWINGO RUPAL INSTITUTION OR NOTICE INSTITUTION STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS IIF rural give location) OR ADTE (Month) (Day) (Year) FORTH DOES STREET ADDRESS STREET ADDRESS IIF rural give location) OR ADTE (Month) OR ATT (Month) OR AND OR ATT (Month) OR AND OR AND OR BUSINESS OR INDUSTRY: OR IN	Cacil warman	crass Md county Cecil
OR and give nearest town) TOWN CONOWINGO RUTAL HOSPITAL OR INSTITUTION OR STREET ADDRESS III rural give location) ADATE (Month) (Day) (Year) OP DATH: Dec. 15 1,555 SEX. 6. COLOR OR 7: SINGLE, MARRIED, OP DATH: Dec. 15 1,555 SEX. 6. COLOR OR 7: SINGLE, MARRIED, OP DATH: Dec. 15 1,555 ON USUAL OCCUPATION (Give kind of the color		
NAME OF STREET ADDRESS 3. NAME OF STREET ADDRESS 4. DATE (Month) (Day) (Year) (Type or Print) (Day OF SUSTEMBRE ADDRESS (SPECIAL STREET) (Specify) (ATTION (Give kind or Street) (Give kind	OR and give nearest town) (in this place)	OR
ADDRESS ANDRESS BLOWLLYN HINDRESS BLOWLLYN HINDRESS BLOWLLYN HOUSE SAMERIED. WIDOWED, DIVORCE SAMERIED ANDRESS WIDOWED, DIVORCE SAMERIED. WIDOWED, DIVORCE SAMERIED ANDRESS WIDOWED, DIVORCE SAMERIED. WIDOWED, DIVORCE SAMERIED ANDRESS	A COHOWINGO MATAI	OOHOWINGO Marak
DECEASED: (Type or Print) S. SEX; (C. COLOR or 17. SINGLE, MARRIED, RACE: WIDOWED, UNIVORCED, Sheetify Married Oct. 1 1877 Male White (Sheetify Married Oct. 1 1877) Oct. 1 1877 Oct. 1	INSTITUTION OR	
Type or Print LIEWITYN HIMMAN RAWILINGS S. SEX; 6. COLOR OR 7. SINGLE, MARRIED, MALE S. DATE OF BIRTH: 9. AGE last birthday process years Months Days Hours Min.		
S. SEX: S. COLOR OR 7. SINGLE, MARRIED, Mark 9. AGE last birthday 17. SINGLE, X MAR. Months Days	(Type or Print) Llewllyn Hindman	Rawlings Dec. 15 155
Work done during most of working life. Own Farm Conowingo, Md. 13. FATHER'S NAME: John M. Rawlings 15. WARD DECEASED EVER IN U.S. AMMED FORCEST (Yes, no. or unk.) Iff Yes, give war or dates of service) 16. MEDICAL SECURITY NO. no. or unk.) Iff Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (B: DUE TO DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING TO FINDING STEPLY STEPLY WEIGHT (FETTHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, of INJURY OCCUR? While While Not while While Not while While Not while While At work at	RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR IF UNDER 24 HRS. Months Dave House Min
JOHN M. RAWLINGS S. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unk.) 11f Yes. kive war or dates 16. Social Security No. 17. INFORMANT & ADDRESS: Eleanor Copenhaver Conowingo, Md.	work done during most of working life. OR INDUSTRY:	Conowingo, Md. 12. CITIZEN OF WHAT
15. WAR DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) If Yes, kive war or dates of service) 16. MEDICAL GERTIFICATION 16. MEDICAL GERTIFICATION IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE TO THE ABOVE CAUSE OCCUPY TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 21c. WHERE DID (City or town) (County) (State) 21d. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY Street, office bldg., etc. 10b. MEDICAL EXAMINER) 21c. WHERE DID (City or town) (County) (State) While Not while at work at work A DUSTON 19b., to 12b., 19b., that I last saw the decease alive on 1213, 19b., and that death occurred at M. M, from the causes and on the date stated above.	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
If Yes, no, or unk. If Yes, give war or dates of service none Eleanor Copenhaver Conowingo, Md.	John M.Rawlings	Eliza M.Hindman
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S; DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OCCUPATION II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OF INJURY street, office bidg., etc. INJURY OCCUR? While Notify Medical Examines 21D. Time (Month) (Day) (Year) (Hour) While Not while at work at work 22. I hereby certify that I attended the deceased from 1.2 1.2 1.3 1.9 5, to 1.2 1.5, 19.5 that I last saw the decease alive on 1.2 1.3, 19.5 , and that death occurred at 1.4 M, from the causes and on the date stated above.	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
IMMEDIATE CAUSE ANTECEDENT CAUSE (S: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO CONTRIBUTING CAUSE (Home, farm, factory, or contributing Cause of Death of Injury street, office bidg., etc. injury occur? 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. injury occur? 21B. PLACE (Home, farm, factory, injury occur? ANTECEDENT WAS UNDERLYING OF INJURY Street, office bidg., etc. injury occur? M. Willow Not while at work Mile At Work	(Yes, no, or unk.) If Yes, give war or dates of service) none	Eleanor Copenhaver Conowingo, Md.
IMMEDIATE CAUSE ANTECEDENT CAUSE (8; DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) OUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc. OF INJURY OCCUR? 21B. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State) OF INJURY Street, office bldg., etc. 1NJURY OCCUR? While Not while At work	18. MEDICAL CERTIFICAT	TON INTERVAL BETWEEN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO OF INJURY street, office bldg., etc. 10c. WHERE DID (City or town) (County) (State) 10c. TIME (Month) (Day) (Year) (Hour) (Par) (Hour) (IMMEDIATE CAUSE ANTECEDENT CAUSE (S:) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (A) DUE TO (B) DUE TO	mareting home Thom.
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21B. PLACE (Home, farm, factory. OF INJURY OCCUR? OF INJURY occur? 19B. MAJOR FINDINGS OF OPERATION 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? INJURY OCCUR? While Not while at work at work at work 21F. HOW DID INJURY OCCUR? 22F. How DID INJURY OCCUR? While Not while at work M, from the causes and on the date stated above.		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 21C. WHERE DID (City or town) (County) (State) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while Not while Not work 18 to 12 to 12 to 13 to 12 to 13 to 14 to 15 to 12 to 15 to 16 to 1	TO THE DEATH BUT NOT RELATED TO THE	
21a. ACCIDENT WAS UNDERLYING 21a. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. 10. WHERE DID (City or town) (County) (State) 21b. TIME (Month) (Day) (Year) (Hour) 21a INJURY OCCURRED While Not while 10 INJURY OCCUR? 21b. TIME (Month) (Day) (Year) (Hour) 21a INJURY OCCURRED 21b. How DID INJURY OCCUR? 21c. WHERE DID (City or town) (County) (State) 21d. WHERE DID (City or town) (County) (State) (S		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work 12. I hereby certify that I attended the deceased from 12. 8., 1955, to 12. 5. that I last saw the decease alive on 12. 3., and that death occurred at 1. M, from the causes and on the date stated above.	198. MAJOR FINDINGS OF OPERATION	Zu. Autopsy
While at work Not while work 12 Not while work 12 Not while at work 15. I hereby certify that I attended the deceased from 12 Not while work 1955, to 12 Not work 1955, that I last saw the decease alive on 12 13, 1955, and that death occurred at Not while work 1955, that I last saw the decease alive on 12 13, 1955, and that death occurred at Not work 1955, that I last saw the decease alive on 12 13, 1955, that I last saw the decease alive on 12 13	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
alive on 1.213, 1955, and that death occurred at 1. M. from the causes and on the date stated above.	OF INJURY While Not while	21F. HOW DID INJURY OCCUR?
23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City town, or equity) REMOVAL (SPECIFY) Dec. 18, 1955 West Nottingham Near Colora, Md.	alive on 1213, 1955, and that death occurred at SIGNATURE	M, from the causes and on the date stated above. ADDRESS DATE SIGNED OR CREMATORY LOCATION (City, town, or quinty) (State)

FUNERAL DIRECTOR

ADDRESS

VS. A15-10-53

BY LOCAL

BUREAU V. S.
DEC 20 1955

NAME OF

DATE THEREOF

REGISTRAR'S

CEMETERY OR CREMATORY

LOCATION (City, town, or county

(State)

VS. A15-10

The

information carefully.

Jo

item

causes

Supply te the c

ADING

UNE

WITH

PLAINLY

WRITE

函

TYPI

PLEASE

ease

Physicians

important.

especially

OR e

correct

23. BURIAL, CREMATION,

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR

BINDING

FOR

MARGIN RESERVED

legibly.

and

death clearly



BUREAU V. S.

PLEASE TYPE

carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11864 CERTIFICATE OF DEATH

RE, 18 11856
Reg. Dist. No. 96

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED):
COUNTY Cecil MARYLAND	STATE D.C. COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate iimits, write RURAL a	nd give nearest town)
OR and give nearest town) Y TOWN Perry Point 2 mo. 29 days	· OR	47x-3
HOSPITAL OR SO STREET ADDRESS Veterans Administration Hospit	STREET (If rural give location) ADDRESS 911 - 12th Street, N.	E.
DECEACED		Day) (Year)
RACE: WIDOWED, DIVORCED,	L9-1894 61 yrs.	ays Hours Min.
work done during most of working life. even if retired): Cab Driver Self-employed		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Ryan - Deceased	Ada Littleton - Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Poir	nt. Md.
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
155 X IMMEDIATE CAUSE (A) Pulmonary e	edema and congestion	5 to 6 days
IMMEDIATE CAUSE	Admir Cara Composition	5 to o days
ANTECEDENT CAUSE (S)	Admir and Composition	5 to o days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY. (B) Hepatoma,		unknown
ANTECEDENT CAUSE (S)		
ANTECEDENT CAUSE (6) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO Hepatoma,		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	primary sclerosis generalized moderate	unknown unknown
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterios 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	primary sclerosis generalized moderate Notary, 21c. Where DID (City or town) (Count	unknown unknown 20. AUTOPSY? YES NO
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterios 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at w	primary sclerosis generalized moderate tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	unknown unknown 20. AUTOPSY? YES X NO
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterios 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF OPERATION OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office hldg., While Not while at work While Not while at work	primary sclerosis generalized moderate tory. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	unknown unknown 20. AUTOPSY? YES NO (State)
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterios 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office hidg., (IF EITHER, NOTIFY MEDICAL EXAMINER) OF INJURY WA 22. I hereby certify that Kattended the deceased from 9-20	primary sclerosis generalized moderate cory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 1 21f. HOW DID INJURY OCCUR? 1 1955, to 12-19 1955, WAPPEN 6:02aM, from the causes and on the date s	unknown unknown 20. AUTOPSY? YES NO (State)
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arterios 21A. ACCIDENT WAS UNDERLYING OF INDINGS OF OPERATION CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) While At work 22. I hereby certify that Kattended the deceased from 9-20	primary colerosis generalized moderate cory. 21c. WHERE DID (City or town) (Count INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 1955, to 12-19 1955, 2020 PPASS ADDRESS DAT	unknown unknown 20. AUTOPSY? YES NO (State) (State)

DECENTED

DEC 54 1822

BUREAU V. S.

11857

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

97

MEDICAL EVAMINED'S CEDINEICADE OF DEADE

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND	STATE Md. COUNTY Cecil	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Port Deposit (Manor Hgts)	CITY (If outside corporate limits write RURAL and OR TOWN Manor Hgts. Port Deposit	give nearest town)
HOSPITAL OR INSTITUTION OR 251 D Laffey Circle	STREET (If rural, give location) ADDRESS 251D Laffey Circle	1
B. NAME OF (First) (Middle) DECEASED: (Type or Print) JONATHAN TOPLIFFE SAW	YER 4. DATE (Month) (Day) OF DEATH Dec 20	(Year) 19 55
DACE. WIDOWED DIVOPCED	E OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE Months Day 7 Francisco True True	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): 10b. KIND OF BUSINESS O INDUSTRY:		COUNTRY?
3. FATHER'S NAME: Albion Topliffe Sawyer	Maria Anglica Wulff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Father Albion T. Sawyer (same as	above)
18. MEDIC	CAL CERTIFICATION	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause BRONCHOPNEUMON I		
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes No
21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ OF street, office bldg., etc CAUSE OF DEATH. 21b. PLACE (Home, farm, factory OF street, office bldg., etc	2.,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy [], Inspection	Inquiry , and
find that death resulted from: Natural causes A, Acci	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	/270-a
REMOVAL (Specify); Removal & Burial 12-21-55 Mt. Auburn (Sellie roll	Mass.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24/FUNERAL DIRECTOR	ADDRESS

UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH age is especially important.

VS. A15A - 5 - 53

DECEDVED

DEC 25 165

BUREAU V. S.

(Year)

Hours

IF UNDER 24 HRS

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

(State)

DATE SIGNED

DDRESS

(State)

Buna

DATE REC'D BY LOCAL

REGISTRAR'S

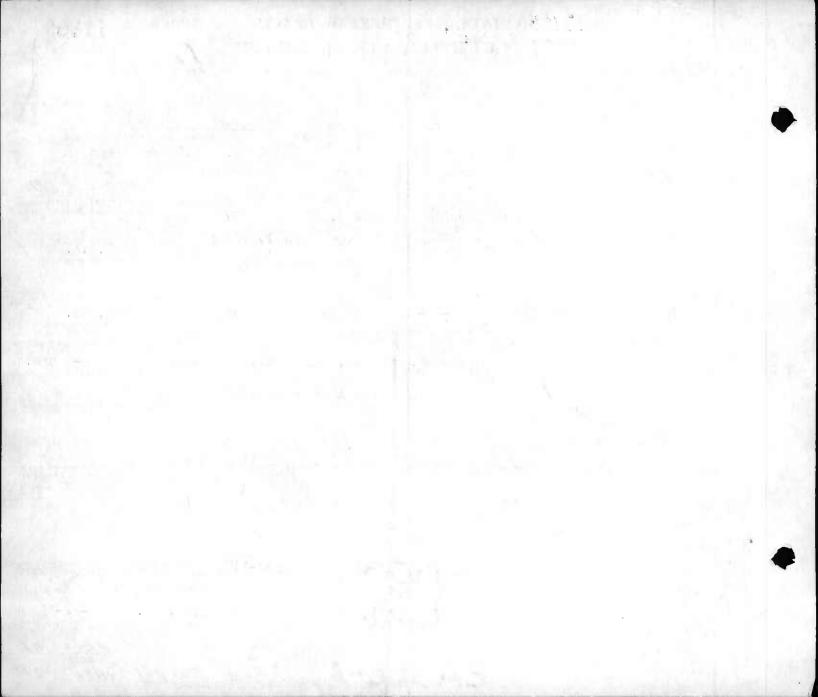
DECENALED

BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11859

11867	CERTIFICAT	TE OF DEATH	Reg. D	Dist. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (H		
Cecil	MARYLAND	STATE Maryland	COUNTY	itimore
CITY (If outside corporate limits, write R OR and give nearest town) Y TOWN Perry Point			limits, write RURA	L and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Admi	nistration	ADDRESS	(If rural give locati Baltimore S	
3. NAME OF (First) DECEASED: (Type or Print) (First) HOMER	(Middle) A. SHAI	FER	DATE (Month) DF DEATH: Decem	(Day) (Year) ther 11 19 55
5. SEX: 6. COLOR OR 7. SINGLE, WIDOWE (Specify)	D DIVORCED	ist 9, 1898 57	yrs. Months	
work done during most of working life,	or industry: t ascertainable	11. BIRTHPLACE (State or NEW Policy)	foreign country): ylvania	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Shaffer		14. MOTHER'S MAIDEN N Ruth Swindle	IAME:	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yesyno, or unk.) (If Yes, give war erdates of service)	187-01-6263	Hospital Record		int, Md.
1	8. MEDICAL CERTIFIC	ATION		INTERVAL BETWEEN
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY.	Edema, mass	sive, bilateral, pul		3-4 hrs. Unknown
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE				
	FINDINGS OF OPERAT			20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, INJURY street, office blo	actory, 21c. WHERE DID (City, etc., INJURY OCCUR?	y or town) (Co	ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURF While Not while at work at work	ED 21F, HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended the signature W. OPPLIE DIRECTO		at 8:25 Am, from the cause	es and on the da	
23. BURIAL, CREMATION. DATE THEREO	NAME OF CEM	ETERY OR CREMATORY LOC	ATION (City, town	
DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR'S	SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS



(Year)

12. CITIZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? Yes No [

DATE SIGNED

ADDRESS

(State)

(State)

Maryland

COUNTRY?

1955

(Day)

U.S.

in the said went is from a Arrest no teme was De eranged inturbers plinting of Leagues of Latt. Links in spal 16 pends Wil senset -PUREAU V C OECEINEI

	T .	1	-
	ully.	1. PLACE OF DEATH:	
BA	ref	COUNTY	Ω
623		CITY (If outside corr	

TOWN

3. NAME OF

HOSPITAL OR

INSTITUTION OR

STREET ADDRESS

item of information

every

Supply the

ADING

WITH

PLAINLY,

WRITE

age

FOR

RESERVED

MARGIN

clearly

death

of

write

ea

Physicians

MARYLAND rate iimits, write RURAL LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY(If outside corporate iimits, write RURAL and give nearest town) OR

TOWN STREET (If rurai give location) ADDRESS

(Type or Print) SEX: RACE: IOA. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESSO work done during most of working life, even if retired):

DECEASED

ORKIS COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVORCED,

(Middle)

OR INDUSTRY:

DATE OF

MOTHER'S

(Last)

Months 0 BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT

DATE

DEATH:

MAIDEN NAME: 17. INFORMANT & ADDRESS:

(Month)

9. AGE last birthday IF UNDER I VEAR

13. FATHER'S NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCEST

(Yes, ma for unk.) (If Yes, give war or dates

256

16. SOCIAL SECURITY NO.

18. MEDICAL CERTIFICATION

INTERVAL ONSET AND

COUNTRY?

(Day)

(Year)

195

IMMEDIATE CAUSE

ANTECEDENT CAUSE (S)

STATING UNDERLYING CAUSE LAST.

of service)

(First)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

(B) DUE TO

DUE TO

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory,

OF iNJURY street, office bidg., etc.

21c. WHERE DID (City or town)

(County) (State)

YES [

20. AUTOPSY?

NO [

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

21A. ACCIDENT WAS UNDERLYING

19A. DATE OF OPERATION:

21E INJURY OCCURRED While Not while at work at work

and that death occurred at

21F. HOW DID INJURY OCCUR?

INJURY OCCUR?

22. I hereby Trify that I attended the deceased from Ale Mo., 1954 to Dec 31., 1957, that I last saw the deceased

alive on . SIGNATURÉ

OF INJURY

23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)

CEMETERY OR CREMATORY

ADDRESS DATE SIGNED LOCATION (City, Town, or county)

/ 30 M, from the causes and on the date stated above.

DATE REC'D BY LOCAL REGISTRAR

ten

REGISTRA

FUNERAL DIRECTOR

OR TYPE PLEASE

DECEIVED A 1956

BUREAU V. S.

DIRECTOR

ADDRESS

The

carefully. legibly,

information

Jo

item

every causes

Supply

Z

0 ADIN

UNF

PLAINL

回 WRIT

ASE

PLE/

Wri

ease

pl

Physicians

important.

13 OR

ag TYPE

DATE REC'D BY LOCAL

REGISTRAR

BINDING

MARGIN RESERVED FOR

clearly

death

5. SEX

AND THE PERSON OF THE PERSON O

man a second should be

4 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11848 CERTIFICATE OF DEATH

1. PLACE OF DEATH			2. USUAL	RESIDENCI	E (HOME) OF	DECEASE	D	
COUNTY	17	MARYLAND	STATE	nelvin	d coun	ry Ceci	1	
CITY (If outside corporate limits, w OR and give neerest town)	vrite RURAL	(In this piece)	CITY (If o OR TOWN		limits, write RUR/	L end give ne	erest town)	
HOSPITAL OR	n	Life	STREET	Elkt		give location		211
INSTITUTION OR STREET ADDRESS			ADDRESS	201	East Hi			/
3. NAME OF (First) DECEASED	(A)	Aiddle)	(Last)		4. DATE (Month)	(Dey)	(Year)
(Type or Print) Infa			ilson		DEATH	12	7	19 5
S. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED WIDOWED, DIVO (Specify)	ORCED,	OF BIRTH	9.	AGE lest birthdey	Months	R 1 YEAR Days	Hours Mi
10e. USUAL OCCUPATION (Give kind of	of work 10b, KIND	of Business	11. BIRTHPLACE (S	itete or foreign		n.	12. CITIZEN	OF WHAT
done during most of working life, (retired)	even if OR I	NDUSTRY	Marylan				U.S. A	RY?
13. FATHER'S NAME				S MAIDEN NA	ME	1		
Clyde Wilson			Oct	avine	Hicks			
15. WAS DECEASED EVER IN U. S. AR		SOCIAL SECURITY NO.		RMANT & ADD				
(Yas, no, or unk.) (If Yes, give wer or	deles of service)		Moth	ner, El	kton, 1	laryla	ind	
DISEASES OR CONDITIONS DIRECTLY	Y LEADING TO DEATH	18. MEDICAL C	ERTIFICATION				INTER	VAL BETWEEN
7625 IMMEDIATE CAUSE	(A)Re	spiratory	distros	4				nours
ANTECEDENT CAUSE(S)	DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(8) <u>Pr</u>	consture b	irth					
STATING UNDERLYING CAUSE LAST.	DUE TO							
TO THE DEATH BUT NOT RELATED TO	ONTRIBUTING							
DISEASE OR CONDITION CAUSING D	EATH							
19e. DATE OF OPERATION	96. MAJOR FINDINGS C	PF OPERATION		1.825			20. YES	AUTOPSY?
21- ACCIDENT WAS LINDER VINC CO	21b. PLACE (Homa,	ferm, fectory,	21c. WHERE DID INJ	URY OCCUR?	(City or town)	(Cou	inty)	(State)
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		neo Biogri, cic.,						
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey)		NJURY OCCURRED Not while	21f. HOW DID INJ	URY OCCUR?				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey)	Yeer) (Hour) 21e. While M. et wor	INJURY OCCURRED Not white et work			/ 19	that	l last saw	the deces
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that I	(Yeer) (Hour) 21e. While M. et wor	Not white et work	/, 19.55	to. 12/1				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey)	(Yeer) (Hour) 21e. While M. et wor	Not white et work	/, 19.55	to 12/1,		e date stat	ed above	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that I alive on, SIGNATURE	(Yeer) (Hour) 21e. While et wor attended the decease 19, and	Not while twork that death occurred	/	om the cau	ses and on th SS (Street, city,	e date stat town, state)	ed above	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that I alive on, SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY)	(Yeer) (Hour) 21e. While et wor attended the decease 19	NJURY OCCURRED Not white et work ed from 12/1 that death occurred M.D. NAME OF CEMETERY	at Segat L	to land	ses and on the ses (Street, city,	e date state town, state)	ed above D	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that I alive on Control SIGNATURE 23. BURIAL, CREMATION, REMOVAL (SPECIFY) BUT 18.	attended the decease 19, and 12	Not while twork that death occurred	af CREMATORY cemeter	to 12/1, om the cau ADDRE	ses and on the ses (Street, city, the LOCATION (City, Elkt.	e date stat town, state)	ed above	ATE SIGN
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that I alive on	(Yeer) (Hour) 21e. While et wor attended the decease 19	INJURY OCCURRED Not white et work ed from 12/1 that death occurred M.D. NAME OF CEMETERY Providen	at Segat L	to 12/1, om the cau ADDRE	ses and on the ses (Street, city, the LOCATION (City, Elkt.	e date state town, state) con, I lown, or count on Md.	ed above D	ATE SIGN

BI DROWNSAS-NTIAIN TO THE MYDATE OF THE SHALLY MAN

HILARD TO STADISTING

THE STATE OF THE S SHELTHE AND

PROPERTY AND ADDRESS OF

AND OF THE M

EULEAU V.

CGGT Land Colombia, and the company of the company

HEARD TO BYADRITIND TO DEATH

BUREAU V. S.

DEC 20 Jags

DECENTED.

SANTE BUILDER STANK

1144.

28 1 3 1 5 E

the source

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11865

1840 CERTIFICATE OF DEATH

Reg. Dist. No. 97

11033	-108	/
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Cecil MARYLAND	STATE Maryland coun	NTY Cecil
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY (If outside corporate limits, write RURAL a	and give nearest town)
2 TOWN Elkton 2 months	TOWN Elk Mills	X
HOSPITAL OR INSTITUTION OR DEVINE HAVEN NURSING HOME	STREET (If rural give location Address Maryland) /
(2) pe of 1 fine)	WOODROW 4. DATE (Month) (Day OF DEATH: December 1	9, 1955
Female White Widowed, Divorced, (Specify) Married August	ust 21.1879 76 yrs. 3 1	ays Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS work done during most of working life, INDUSTRY:	OR 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?
even if retired): Housewife Housewife		U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unkown	Unkown	
15 Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: (Yes, no, or unk.) (If Yes, give war or dates of service) None	George W. Woodrow, Husband Elk Mills, Maryland	
18. MEDICAL CERTIFICA	ATION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 443 K Immediate cause (a)	Vaser Greiset	Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the shove cause stating the underlying cause last. DUE TO (b) (b) (DUE TO (DUE TO (DUE TO)	Arterissleite C-4 Disense	Urlinour
(c)		
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, str SUICIDE Office bldg., etc.) INJURY	ceet, (CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Dsy) (Yesr) (Hour) INJURY OCCURED While at Not While INJURY m. INJURY OCCURED At Work □ At Work □	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from O.J. 2	5 ,19 55, to 20 , 19 5, that I last	saw the deceased
alive on 19, 19, and that death occurred at	G A.M. from the causes and on the date	stated above.
D. Kallentine V. M.D.	Elpan, Mr.	ounty (State)
REMOVAL (Specify) Dec. 11, 1955 Cherry H	tery or crematory Location (City, town, or coil ill Meth. Cem. Cherry Hill, M	aryland.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR 103 Stoc	ADDRESS kton St.

UREAU V. S.

DEC 13 1822

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

CERTIFICATE OF DEAT	1850	CERTIFICATE	OF	DEATI
---------------------	------	-------------	----	-------

Reg Dist No. 97

		reg. Dist.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Cecil MARYLAND	STATE MA	COUNTY COO	4.1
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)		
OR and give nearest town) (in this place)	OR		a give mearess sown,
2/TOWN Elkton 5 Hours	TOWN Color	a Rural	X
HOSPITAL OR	STREET (1	f rural give location)	1
Lostreet address Union Hospital	ADDRESS		
3. NAME OF (First) (Middle)	Last) 4 D	ATE (Month) (D	ay) (Year)
DECEASED:	0	F	ay) (1eat)
	OC UIII	EATH: Dec. 4	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE RACE: WIDOWED, DIVORCED.	OF BIRTH: 9. AGE las	t birthday IF UNDER 1 YE	
(Specify)	00 1000 55	yrs. Months Da	ys Hours Min.
Hemale White Married Feb.	20 1880 75		
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or fe	oreign country): 12.	COUNTRY?
	0-1		
Housewife Own Home	Colora, Md.		S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NA	ME:	
John Sebold	Martha McCullough		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRES	SS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	35	0-7	- a a a
no lor service)	Mrs. Martha Rawl	ings Color	a, Md.
18. MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		5	ONSET AND DEATH
465x 11000	earle (Interi	2 18 10 101	
IMMEDIATE CAUSE (A)	nous amou	ACCE DO L	
ANTECEDENT CAUSE (S)	1 - 11	. 0 0	
DISEASES OR CONDITIONS, IF ANY. (B)	weral artera	flung	
GIVING RISE TO THE ABOVE CAUSE DUE TO	CORRATTION	/	
STATING UNDERLYING CAUSE LAST.			
(c)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH.			
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO TO
21A. ACCIDENT WAS UNDERLYING ☐ DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	or town) (County	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY O	CCUR?	
OF INJURY While While at work at work	ZIII IION DID INGGRI G		
	N 10		
22. I hereby certify that I attended the deceased from C.	, 1995, to Weer4,	1960, that I last	saw the deceased
	~D		
alive on 12 - 4 , 1900, and that death occurred at	M, from the causes		
SIGNATURE OF O 10 11 PM	ADDRESS	DATI	E SIGNED
1 K KUNUVAUN M	D.	12	-0-00
	RY OR CREMATORY LOCA	TION (City, town, or	county) (State)
REMOVAL (SPECIFY)			
Burial Dec.7,1955 West Not	tingham N	ear Colora	Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	- \	ADDRESS
REGISTRAR 7/12	1 8, 7,00	Resina	I am
MARKET WILLIAM IN THE STATE OF	The Common	1 many	110711101

BUREAU V. S.

SEC 7 2955

DECENTED